

EXECUTIVE SUMMARY

US EPA RECORDS CENTER REGION 5



487652

The Metro Disposal/Fairmount City Disposal of Fairmount, Illinois operated a municipal and domestic waste disposal site from August, 1970 until it was closed in November, 1974.

The site is located in the lowland area, on property owned by Conrail Railroad Co., which is situated between railroad tracks and U.S. Highway 40.

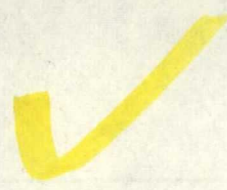
Underground fires were observed in 1972 and 1978 and subsequently excavated, extinguished and recovered. Additionally, PCB's were detected in (2) leachate wells at the time of the last sampling in April, 1982.


Although non-hazardous waste was primarily discarded at this site during its operating years, the presence of PCB's indicates hazardous waste was disposed of without a permit. It is recommended that monitoring wells be installed and sampling performed to evaluate presence of hazardous materials.

A low priority has been assessed for this site based on the type of facility, predominantly non-hazardous waste received, and it's present closed and covered status.

MED:mgg0473e/38

Not RCRA SD 8/1/86
4/12/85



 L 16305001		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT		I. IDENTIFICATION	
		PART 1 - SITE INFORMATION AND ASSESSMENT		01 STATE ILD	02 SITE NUMBER 980607204
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site) METRO DISPOSAL SYSTEM, INC. / FAIRMOUNT CITY DISPOSAL			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER RTE. #3		
03 CITY FAIRMOUNT CITY		04 STATE IL	05 ZIP CODE 61841	06 COUNTY ST. CLAIR	07 COUNTY CODE 163
08 COORDINATES LATITUDE 38° 38' 26".0		LONGITUDE 090° 07' 15".0		QUAD MAP # 225 A+B	
10 DIRECTIONS TO SITE (Starting from nearest public road) LEGAL DESCRIPTION: 9 W (RANGE) 2 N (TWP) LOWLAND S.W. 1/4 of the NE 1/4 of SECTION 8 TWP 2 N RANGE 9 W					
III. RESPONSIBLE PARTIES					
01 OWNER (If known) FAIRMOUNT CITY / METRO DISPOSAL			02 STREET (Business, mailing, residential)		
03 CITY		04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER ()	
07 OPERATOR (If known and different from owner)			08 STREET (Business, mailing, residential)		
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()	
13 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input checked="" type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 8.11.70 <input type="checkbox"/> NO 11/17/74		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1970 1 1974 BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED OTHER ORGANIC TOXIC, PERSISTENT					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION GROUND WATER (ENVIRONMENT)					
V. PRIORITY ASSESSMENT <i>gt per Jerry Anders 4/12/85</i>					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input checked="" type="checkbox"/> B. MEDIUM (Inspection required) <input checked="" type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT MR. PENDERGAST		02 OF (Agency/Organization) ENV. CENTRAL DIV. - CONRAIL		03 TELEPHONE NUMBER 1 N/A	
04 PERSON RESPONSIBLE FOR ASSESSMENT MARY E. DINKEL		05 AGENCY IEPA	06 ORGANIZATION HSCS	07 TELEPHONE NUMBER 1217 785-5737	08 DATE _____/_____/_____ MONTH DAY YEAR



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
1LD 980607204

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: unknown

02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

possibility that
private wells are
in area

landfill leakage could affect
groundwater supply

01 ☒ B. SURFACE WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: 0

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

(LEACHATE)

Could affect groundwater supply

01 ☐ C. CONTAMINATION OF AIR
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☒ D. FIRE/EXPLOSIVE CONDITIONS
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

Underground burning occurred in
6 separate site locations.

surface burning observed in 1977 + 1978 - BOTH
EXTINGUISHED

01 ☐ E. DIRECT CONTACT
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☒ F. CONTAMINATION OF SOIL
03 AREA POTENTIALLY AFFECTED: UNK
(Acres)

02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☒ G. DRINKING WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

see explanation in A

01 ☐ H. WORKER EXPOSURE/INJURY
03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills runoff standing liquids leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

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